


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000001575 1. Entity Name NOLECAN LLC	
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Principal Place of Business 15 SE 9TH AVENUE, PENTHOUSE ONE FORT LAUDERDALE, FL 33301	Mailing Address 15 SE 9TH AVENUE, PENTHOUSE ONE FORT LAUDERDALE, FL 33301
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04042005No Chg-LLC , CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1010457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent OLEFSON, SHARI 15 SE 9TH AVENUE, PENTHOUSE ONE FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OLEFSON, SHARI 15 SE 9TH AVENUE, PENTHOUSE ONE FORT LAUDERDALE, FL 33301
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **SHARI OLEFSON** 04/04/2005 (954) 467-2519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #